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### Dissertation on scarlatina

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at the  
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in the  
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1847.

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(Dissertation  
on  
Scarlatina.

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By  
David John Hollis Chubbuck,  
of Binghamton, New York,  
Candidate for the Degree of Doctor in Medicine.

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We learn in the early history of man that as a condemnation for sin disease soon made its appearance, and in all ages, these diseases are recorded as having from time to time served as the severest scourge that could be inflicted on the human race. At what period the disease of which we are about to speak, first made its appearance it will be difficult to ascertain, the first recorded account we have of it is given by Prosper Martenius an Italian physician who wrote on this complaint as it appeared at Rome about



The middle of the seventeenth century. Soon after it made its appearance in London and was described by Sydenham & Morton, who term it *Febris Scarlatina*, according to these writers we are informed that the disease assumed its milder as well as severest character, the symptoms varying then as well as at the present time.

The disease described by Macartney resembled *Scarlatina* in its milder form as did the description given by Sydenham, Since the days of the above writers, it has been described by a variety of authors, DoHann observes this disease was hardly known in the sixteenth & seventeenth centuries —

In Spain it is said to have made its appearance as early as the year 1616 where it was called *Garratilla*, it assumed a malignant character, From Spain it soon appeared in other countries of Europe — In it appeared Naples 1618, when it is said to have reigned for a number of years destroying many of the inhabitants, It appears from these early writers, there was a distinction between *Scarlatina* and *Cynanche Maligna* or they were more distinct than at

The present time, From the earliest history of this disease it was considered as being communicated by a specific contagion. That Scarlatina under every form is contagious & sometimes epidemic is now admitted by our best writers. That there has been instances where members of the same family have been exposed to the influence of its contagion without contracting the disease is true, and so it may be said of almost every contagious and many diseases that are both contagious and infectious, and likewise that this disease does in some instances make its appearance without any known or attributable cause, as well as other contagious diseases. I believe to be equally true as far as its contagious character is concerned.

What that peculiar state of the atmosphere is which ~~is~~ strongly favors this disease, it might be difficult to decide with precision. I believe however that the condition which favors the generation of other inflammatory diseases favors this also. Such as heat & moisture of the atmosphere also effluvia arising from many persons, confined in the same apartment



It has been known to assume all its various grades in different members of the same family, Children are considered as more subject to this than adults also females more liable than males, (Dr. Ferri<sup>g</sup> observes that it seemed particularly <sup>fatal</sup> to girls from two to eight years of age, he saw but one child at the breast who had the complaint & that but slightly (Dr. Willson observes that it has been well ascertained that those who are under the age of puberty are most liable to the disease, The Scarlet fever (Sydenham observes) may appear at any season of the year but it most frequently makes its appearance about the last of the Summer or first of the autumnal month. Other physicians make similar observations & that it becomes checked by a severe winter in some instances a succession of sharp frosts has checked its progress. It is said by some writers that Scarlatina never attacks the same person a second time, Others assert that where the disease manifests itself more particularly in the throat & fauces & but slight eruption cutting the same individual is liable to a second attack affecting the surface more particularly, the instances

of this variation are not common,

St. Good gives us two varieties of this disease

First Simple Scarlet fever, the symptoms of which are, Fever moderate, & terminating with the rash little prostration, & slightly contagious

It is the second variety, Scarlet fever with a sore throat

He defines to be Fever severe; Throat ulcerated, rash

late in its appearance & less extensive; often

changing to a livid hue, highly contagious, For

this last variety he says the morbid virus is chiefly directed to the fauces instead of to the surface generally

The rash moreover appears later by a day or two, sometimes

even a week, this last symptom will be found to

commence very early, if the throat be minutely inspected

The Velum palatinum palati will be found slightly inflamed

also the uvula will appear to be a little inflamed

the pulse being at this time not more than slightly

disturbed, Gradually however the tonsils become

enlarged & exhibit a florid pulsation on their surface

which extends over the whole surface of the palate

& its appendages, the tongue assumes a high red

color the papilla over its entire surface greatly,

clongated & very tender, there is often a considerable rigidity of the muscles of the neck & lower jaw. The throat is rough and straightened from the second day of the eruption and deglutition is performed with difficulty. *Stiffness of the throat*

All the common symptoms are more violent; the fever is more severe accompanied with nausea & vomiting of bilious matter, great heat & languor; considerable inquietude & anxiety head ache and delirium evidently proving a determination to the head. The pulse is full the respiration quick, the throat becomes excoriated & throws off a large quantity of minute superficial whitish sloughs which intermix with the increased flow of viscid (flow of) mucus & augment the difficulty of swallowing.

The sloughs generally separate about the fifth or sixth day, or at the decline of the efflorescence, which is the ordinary course, but in many cases the symptoms are still more severe and put on the form of Scarlatina Maligna, or Eclat which are extremely dangerous from the commencement, the symptoms of which are as follows. The pulse is small & indistinct, there is a



Deepid heavy coma or violent delirium with stupor,  
the ulcerations in the throat are deeper & broader, covered  
with dark brown instead of whitish sloughs, the  
tongue is encrusted with a dense black covering &  
is exquisitely tender, the breath is foetid, the rash is  
extensive from the commencement, assuming a livid hue  
with intermediate patches of a ghastly paleness;  
and death ensues & on the sixth or seventh day.

Treatment The greatest possible discrepancy has  
prevailed in regard to the management of this disease.  
It has been stated by some of our best Physicians who  
stand ready to combat any disease, that they should  
prefer to be called to combat any other disease than  
our catalogue, than to a patient afflicted with scarlatina  
Maligna. We would judge from this that it is a  
disease difficult to conquer which is the case of  
Scarlatina Maligna, Although Dr Good says, after giving  
us many pages of history & contending about its name  
he says the curative treatment need not long detain  
us. He says in slight cases of the simple variety  
he agrees with Sydenham, that the disease  
hurdly calls for medical assistance, for almost

every neighbourhood there are old women that will  
cure you in the strongest terms of confidence & success  
in their nostrums biding defiance to the Physician  
asserting that they can cure more easily of Scarletina  
than he who has spent a long life in the pursuit  
of his profession. In the mildest form of this disease  
it is probable that but few remedies are required  
their nostrums may suffice but in the more severe  
cases nostrums will not suffice, it requires more  
powerful remedies to save the patient's life. Dr Good  
says an emetic may assist in determining the  
specific poison to the surface and hence has been  
found almost always serviceable; & if the bowels be  
confined an aperient may follow, but violent purging  
will add to the irritation and destroy the effect of  
the remedial course which is about taking place.  
In his second or parasthmatic variety (he makes his  
indications of treatment are somewhat different says  
that instead of the action being determined to the  
skin it is powerfully reflected to the throat & head  
and the fever is alarming, from its violence.  
The intention is here to counteract this morbid



flow & regress of the febrile action, regard being  
paid to the nature of the fever as well as its severity.  
Bleeding he uses as the most direct & obvious means  
of reduction, but objects to its use when there is a  
strong tendency to a Typhoid state, if Typhoid  
symptoms should prevail, local depletion should  
be resorted to.

Dr Withering who denominates this, rigorously  
inflammatory abstained from bleeding & purgation  
confined himself in the onset of the disease to  
Emetics.

Vomiting which Good recommends  
in the first species is still more necessary  
in the present or second variety for it not only  
tends to take off the dry burning heat of the  
skin by producing general relaxation and  
producing gentle perspiration but also tends to  
unload the passages of mucus and serous fluids  
which gorge and distend them.

Calomel or Pulveres & Rhubarb are recommended  
as cathartics if cathartics are in any measure  
indicated. Opium in some instances would  
seem to be indicated but rarely affords relief.

and generally proves injurious when there is a determination to the Brain.

Ammonia in the form of sub carbonate is considered a useful remedy in the dose of 10grs in a ℥j of water repeated every three or four hours, it removes the tongue & stimulates the secretions without quickening the pulse, it is said in this way it has a highly beneficial & powerful effect upon the local inflammation of the Throat, Blisters applied to the throat are considered highly beneficial, Cold affusion is highly approved of by Good - he says the fluid may be dashed upon the body of patient untill heat is subdued & on return of heat, should be repeated, he places much dependence on this as a remedy, at the same time antiseptic gargles are used freely.

Cruikshank says local bleeding by means of cups on back of neck or of leeches to neck may be practised with great advantage, after local depletion would apply Cataplasms to the throat & neck, also thinks it possible that in cases of visceral inflammation general bleeding & the antiphlogistic measures should be employed. In the use of cathartics, says Voronoff should be

kept open by those of a gentle kind such as  
Rhubarb, Sulphate & Carbonate of Magnesia, Castor  
oil &c Saff active purging never admissible.  
The internal administration of Vinum Colchicum has  
been found to exhibit a most salutary influence  
in the hands of some Physicians the dose being  
from four to eight minims to Children age of four  
to ten years old dose repeated in three or four  
hours. The beneficial effects of the last remedy are  
most apparent after the abstraction of blood by  
local means. Capsicum is in some countries  
& especially in the West Indies, been used exten-  
sively in this disease. The infusion of bark  
bark and of other vegetable astringents are  
spoken of as being highly serviceable on account  
of their astringent property.

After the inflammatory symptoms have subsided  
it is recommended that in cases of great prostra-  
tion the vegetable Tonics should be administe-  
red of which we have a great number, an infusion  
of Cinchona may be chosen as one of the best.  
Wine whey or Wine & water can be used at intervals



with advantage to the patient nourishment  
of a simple nutritive quantity should be employed  
and in a manner not to distress the patient.  
The prophylactic treatment.

Bellefleur has of late acquired a great  
reputation in this disease (Jerngison  
prepares in the following manner  
dissolve three grains of the extract in  
one ounce of pure water of this give from  
five to fifteen drops two or three times  
a day in an additional quantity of  
water. Sequel "Scarlatina, like measles is  
frequently followed by various troublesome and  
often dangerous affections, among which anasarca  
is the most common, These swellings generally  
occur about the ninth or tenth day after the subsi-  
dence of the eruption, The dropsical effusion which  
occurs after scarlatina, are not attended with much inco-  
venience or danger, The parietal variety are  
sometimes followed by abscesses of tonsils, enlargement  
of the parotids, inflammation of testicles, ophthalmia  
enteritis, otitis, bronchitis, also a great variety of nervous

diseases which are subdued by the ordinary mode of treatment, The more perfect and abridged by the cuticle desquamates, the less apt are secondary diseases to supervene during convalescence. Diagnoses the only diseases with which scarlatina is liable to be confounded are measles and miliary fever, There is not a single symptom which can be regarded as absolutely peculiar and characteristic of scarlet fever Say: Ebull, In scarlatina the eruption generally comes out within the first forty eight hours of the fever; whereas in measles the eruption appears untill the third, and most commonly not untill the fourth day. The colour of the eruption of scarlatina usually resembles that of a bailed lobster shell. In measles it is generally of a darker red inclining slightly to brown.

The most prominent symptoms between these two affection are the catarrhal phenomena which are almost invariably very conspicuous in measles whilst in scarlatina they are either altogether absent or extremely slight & partial.

The inflamed eyes, profuse discharge of tears,



Sneezing, coryza, strong, harsh and hoarse cough  
intolerance of light, (and) red and swollen edges of  
eyelids, so seldom absent in measles, are but very  
seldom noticed in scarlet fever.

In the malignant and anginous varieties of  
Scarlatina the ulcers & sloughs which appear  
in the fauces are sufficiently characteristic to  
distinguish this affection from measles.  
Also the nature of the exudate will assist  
us in forming a proper diagnosis.

C. J. H. Chubbuck





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